

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 2 3 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) James J.	Bianco, Jr.; Adam Sch	midt; Karen Soucy; Kathy	Corey Fox
II. Name of lobbyist's partnershi	o, firm or corporation, if a	iny:	
Bianco Profess	sional Association		
(Name of partnersh	ip, firm or corporation)		
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 225-7170	(603) 226-0165	e-mail_attys@b	iancopa.com
(Telephone)	(Fax)	
III. This statement covers: (Choo reportable expense transactions v			ay file a separate report for
X All reportable transactions occu	rring in the months prior to	the reporting date relative to the	e following client:
Americ	an Cancer Society Can	cer Action Network	
	of Client as it appears on the Le	obbyist Registration Form)	
OR .□ All reportable transactions by the unrelated to any particular elient.	ne lobbyist (including the lo	bbyist's family), or the lobbyin	g firm listed below which are
IV. Date of Report April 25, 2 Reports cover: activity from date of	018 fregistration to 3/31/18	July 25, 2018 🛭 activity from 4/1/18 to 6/30/18	
October 3 activity from 3	. 2018 🗍 ////8 to 9/30/18	January 30, 2019 activity from 10/1/18 to 12/31.	/18
V. There have been no fees red If this box is checked, complete just Concord, NH 03301.			
VI. Check if additional reports as	e attached:		
If you have received fees or ma	de expenditures, you must l	file Addendum A- Fees and E	xpenses
☐ If you have paid an honorarium Expense Reimbursement	or reimbursed expenses, ye	ou must file Addendum B- Re	port of Honorariums or
☐ If you, your firm, or your famil	y has made political contrib	utions, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA A5-D, RS and complete to the best of my known	A 14-C and RSA 664 and h	ereby swear or affirm that the f	oregoing information is true
(Signature of lobbyist)			<u>e)</u>
James J. Bianco, Jr.		`	

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) James J. Bianco, Jr., Adam Schmidt, Karen II. Name of lobbyist's partnership, firm or corporation, if any:	
Bianco Professional Association	
(Name of partnership, firm or corporation)	
III. Name of Client American Cancer Society Cancer Action Netwo	ork Date 07/25/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ 10,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 10,200 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 20,200
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of lesseing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the persor and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50 expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	a) \$ 10,000 b) \$ 0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 10,000
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 10,200
f) Total of all expenses year to date	f) \$ 20,200
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-Band RSA 664 and hereby swear or affir	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
is true and complete to the best of my knowledge and belief.	07/25/2018
(Signature of lobbyist)	07/25/2018 (Date)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Affirma	ation by	Lobbyist
Statem	ent of	Income and	Expense	es for:

Name of Lobbying partr	ership, firm, or corpo	ration: Bianco Profess	ional Association
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): Ame	rican Cancer Societ	y Cancer Action Netwo	rk
Date of Report (check o	ne):		
April 25, 2018 🗆	July 25, 2018 🖾	October 31, 2018 □	January 30, 2019 🗆
I have read RSA 15, RS the following Addendur submitted): Addendum A(s).	ns submitted with tha	ne Statement of Income ar at Statement (insert the n	nd Expenses described above, and umber of Addendum forms being
Addendum B(s).			
Addendum C(s).			
complete to the best of m	that the foregoing inf ny knowledge and beli	formation on the Statementer.	nt and each Addendum is true and July 25, 2018
(Signature of lobby st)			(Date)
Adam Schmidt	·		
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Affirma	ation b	y Lobbyist
Statem	ent of	Income and	Expen	ses for:

Name of Lobbying par	tnership, firm, or corpe	oration: Bianco Profess	ional Association	
Name of Client (leave	blank if Statement is f	or the partnership, firm, or	corporation and not related to a	ny
particular client): An	nerican Cancer Socie	ty Cancer Action Netwo	rk	_
Date of Report (check	one):			
April 25, 2018 🗆	July 25, 2018 ፟፟፟፟፟፟፟	October 31, 2018 🗆	January 30, 2019 □	
	ums submitted with th		nd Expenses described above, a umber of Addendum forms bei	
Addendum B(•			
Addendum C(•			
	m that the foregoing in my knowledge and be		nt and each Addendum is true at	nd
(Signature of lobbyist)			(Date)	
U				
Karen Soucy	 			
(Print Name of Jobbyis	at)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Kathy Corey Fox

(Print Name of lobbyist)

	Affirmation by Lobb ne and Expenses for:			
Name of Lobbying pa	rtnership, firm, or corpo	oration: Bianco Profess	ional Association	_
Name of Client (leave	blank if Statement is for	or the partnership, firm, or	corporation and not related	l to any
particular client): At	merican Cancer Socie	ty Cancer Action Netwo	rk	
Date of Report (check	k one):			
April 25, 2018 □	July 25, 2018 🛭	October 31, 2018 🗆	January 30, 2019 □	
I have read RSA 15, the following Addence submitted):	RSA 15-B, RSA 664, t lums submitted with th	he Statement of Income ar at Statement (insert the n	nd Expenses described aboumber of Addendum forms	ve, and s being
Addendum A((s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affin complete to the best o	rm that the foregoing in f my knowledge and be	formation on the Statementief.	nt and each Addendum is ti	ue and
Hardella	44 Fee		July 25, 2018	
(Signature of Jobbyist)) — I — I		(Date)	